

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 0  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: STABLE TABLET FORMULATION  
Attorney Docket Number:: 30610/40679A  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Family Name:: Jungles  
City of Residence:: Novato  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1226 Cambridge Street  
City of Mailing Address:: Novato  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94947

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: Henderson  
City of Residence:: Larkspur  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 369 Elm Avenue  
City of Mailing Address:: Larkspur  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94939

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Victoria  
Family Name:: Sluzky  
City of Residence:: Corte Madera  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 72 Golden Hind Passage  
City of Mailing Address:: Corte Madera  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert

Family Name:: Baffi  
City of Residence:: Moraga  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 5 Lisa Lane  
City of Mailing Address:: Moraga  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94556

#### **Correspondence Information**

Correspondence Customer Number:: 04743

#### **Representative Information**

Representative Customer Number:: 04743

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of 52	PCT/US2005/0412 52	11/16/2005
PCT/US2005/0412 52	An application claiming the benefit under 35 USC 119(e)	60/629,189	11/17/2004

#### **Assignee Information**

Assignee name:: Biomarin Pharmaceutical, Inc.  
Street of mailing address:: 105 Digital Drive  
City of mailing address:: Novato  
State of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94949